

TIFFANY POARCH
Public Fiduciary

GILA COUNTY PUBLIC FIDUCIARY
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Globe, Arizona 85502
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LAURA SHORT
Deputy Public Fiduciary

REFERRAL INFORMATION SHEET

CHECK LIST OF REQUIRED ATTACHMENTS:

1. Declaration to serve from relatives _____
2. Physician's Statement _____
3. Social Worker's Report _____
4. Completed Referral Information Sheet _____

ACTION REQUESTED:

Guardian and Conservator _____
Guardian Only _____
Conservator Only _____

Name of Client _____
(Last) (First) (Middle)

Social Security No. _____

Current Address _____
(Street) (City) (State) (Zip)

Telephone No. _____

Home Address _____
(Street) (City) (State) (Zip)

Telephone No. _____

Date of Birth _____ Place of Birth _____ U.S. Citizen Yes _____ No _____

Marital Status _____ Spouse _____ Clubs _____

Religion _____ Sex _____ Race _____ Veteran Yes _____ No _____

AHCCCS Yes _____ No _____ AHCCS ID No. _____

Medical Insurance _____ Policy No. _____
(Company Name, Address, & Telephone No.)

Doctor _____ Attorney _____
(Name, Address & Telephone No.) (Name, Address & Telephone No.)

Does client have a burial plan? Yes _____ No _____ Where _____

Does client have a Will? Yes _____ No _____ Location of Original Will _____
(Attach a copy of Will, if available)

Referral Agency _____
(Name) (Address) (Telephone No.) (Person to Contact)

PHYSICIAN'S STATEMENT ATTACHED FROM _____
(Name, Address & Telephone No.)

BANK ACCOUNTS

<u>Type of Account</u>	<u>Name & Location</u>	<u>Name on Account</u>	<u>Account No.</u>	<u>Amount</u>
Checking				
Savings				
Certificate of Dep. (give location of key)				
Safe Deposit Box				
Other				

REAL PROPERTY

Give the following information: Is the property owned or rented by the potential ward; name of the present occupant of property; name(s) in which title to property is vested; address of property; legal description of property, including county, docket and page where deed is recorded; estimated value of property; amount of mortgage; name, address and telephone number of mortgage holder; amount of monthly payment, date late payment made; are payments current; amount of rental.

OTHER ASSETS (Vehicles, mobile homes, boats, furniture, stocks, bonds, insurance policies, etc.)

<u>Title in Name(s) of</u>	<u>Description of Property</u>	<u>Where is Title, Certificate, etc.</u>

DEBT

<u>To</u>	<u>For</u>	<u>Amount</u>	<u>Date Due</u>

SOCIAL WORKER'S REPORT ATTACHED FROM _____
(Name, Address & Telephone No.)

RELATIVES OR FRIEND (List in order as follows: Spouse, Parents, Adult Children, Next-of-Kin, Persons having care or custody, Friends) Statement if inability or unwillingness to serve, or evidence of notification thereof, must accompany this form.

<u>Relationship to Ward</u>	<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Spouse	_____	_____	_____
Parents	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME

<u>Source</u>	<u>Account No.</u>	<u>Amount</u>	<u>Date Payable</u>
Social Security	_____	_____	_____
S.S.I.(Welfare)	_____	_____	_____
Veteran's Administration	_____	_____	_____
Civil Service	_____	_____	_____
Pensions or Annuities	_____	_____	_____
Other	_____	_____	_____

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